

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee
 \$ 3.60
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.85
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$
 Postage
 \$.71
 Total Postage and Fees
 \$ 7.16

47-17719
 Sent 2/10/21

Postmark
 Here

Sent To
 Street and Apt. No., or PO Box No. ROBERTSON & SLETTE
 PO BOX 1906
 TWIN FALLS ID 83303-1906
 City, State, ZIP+4®
 PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

USPS TRACKING®



9590 9402 5904 0049 4947 92

United States
 Postal Service

RECEIVED

FEB 18 2021

DEPT OF WATER RESOURCES
 SOUTHERN REGION

• Sender: Please print your name, address, and ZIP+4® in this box•

STATE OF IDAHO
 DEPARTMENT OF WATER RESOURCES
 650 ADDISON AVE W, STE 500
 TWIN FALLS, ID 83301

RETURN SERVICE REQUESTED

47-17719

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EVAN ROBERTSON
 ROBERTSON & SLETTE
 PO BOX 1906
 TWIN FALLS ID 83303-1906



9590 9402 5904 0049 4947 92

2. Article Number (Transfer from service label)

7020 0090 0001 5403 0164

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Cassie Chapman*
☒ Agent
☐ Addressee

B. Received by (Printed Name) *Cassie Chapman* C. Date of Delivery *2/16/20*

D. Is delivery address different from Item 1? ☐ Yes
 If YES, enter delivery address below: ☒ No

3. Service Type
- ☐ Adult Signature
 - ☐ Adult Signature Restricted Delivery
 - ☒ Certified Mail®
 - ☒ Certified Mail Restricted Delivery
 - ☐ Collect on Delivery
 - ☐ Collect on Delivery Restricted Delivery
 - ☐ Insured Mail
 - ☐ Insured Mail Restricted Delivery (over \$500)
 - ☐ Priority Mail Express®
 - ☐ Registered Mail™
 - ☐ Registered Mail Restricted Delivery
 - ☒ Return Receipt for Merchandise
 - ☒ Signature Confirmation™
 - ☐ Signature Confirmation Restricted Delivery

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☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

47-17719
Sent 2/10/21

Postmark
 Here

Postage
 \$ **.71**
Total Postage and Fees
 \$ **7.16**

Sent To
 CATHY R BROWN
 4799A RIVER RD
 BUHL ID 83316-5104

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

USPS TRACKING #



9590 9402 5904 0049 4948 15

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FEB 17 2021

DEPT OF WATER RESOURCES
 SOUTHERN REGION

• Sender: Please print your name, address, and ZIP+4® in this box•

STATE OF IDAHO
 DEPARTMENT OF WATER RESOURCES
 650 ADDISON AVE W, STE 500
 TWIN FALLS, ID 83301

RETURN SERVICE REQUESTED

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47-17719

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- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CATHY R BROWN
 4799A RIVER RD
 BUHL ID 83316-5104



9590 9402 5904 0049 4948 15

2. Article Number (Transfer from service label)

7020 0090 0001 5403 0133

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X **C-19**

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

RLP

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☒ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☒ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

47-17719
Sent 2/10/21

Postmark
 Here

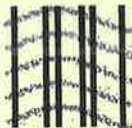
Postage
\$.71
Total Postage and Fees
\$ 7.16

Sent To
 Street and Apt. No., or PO Box No.
 City, State, ZIP+4®

ANGSTMAN JOHNSON
 516 HANSEN ST E
 TWIN FALLS ID 83301-6254

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

USPS TRACKING# **9590 9402 5904 0049 4948 22**



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United States
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FEB 17 2021

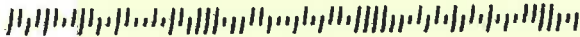
DEPT OF WATER RESOURCES
 SOUTHERN REGION

• Sender: Please print your name, address, and ZIP+4® in this box•

STATE OF IDAHO
 DEPARTMENT OF WATER RESOURCES
 650 ADDISON AVE W, STE 500
 TWIN FALLS, ID 83301

RETURN SERVICE REQUESTED

47-17719



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- Complete items 1, 2, and 3.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NATHAN FOWLER
 ANGSTMAN JOHNSON
 516 HANSEN ST E
 TWIN FALLS ID 83301-6254



9590 9402 5904 0049 4948 22

2. Article Number (Transfer from service label)

7020 0090 0001 5403 0140

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X **E2**

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

76 COLO

C. Date of Delivery

2/12/21

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☒ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

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Sent 2/10/21

Postmark
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Postage
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Total Postage and Fees
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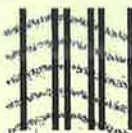
Sent To
 HATTIE ZOBOTT
 1345 9TH AVE E
 TWIN FALLS ID 83301-6607

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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FEB 17 2021

DEPT OF WATER RESOURCES
 SOUTHERN REGION

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STATE OF IDAHO
 DEPARTMENT OF WATER RESOURCES
 650 ADDISON AVE W, STE 500
 TWIN FALLS, ID 83301

RETURN SERVICE REQUESTED

47-17719



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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

HATTIE ZOBOTT
 1345 9TH AVE E
 TWIN FALLS ID 83301-6607



9590 9402 5904 0049 4948 08

2. Article Number (Transfer from service label)

7020 0090 0001 5403 0157

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X/LW C-9

☐ Agent

☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/12/21

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☒ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

47-17719
Sent 2/10/21

Postmark
 Here

Postage
 \$ **.71**
Total Postage and Fees
 \$ **7.16**

Sent To
 Street and Apt. No., or PO Box No. **4799A RIVER ROAD LLC**
357 MC CASLIN BLVD STE 200
 City, State, ZIP+4® **LOUISVILLE CO 80027-2932**

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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 USPS
 Permit No. G-10

**United States
 Postal Service**

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FEB 16 2021

DEPT OF WATER RESOURCES
 SOUTHERN REGION

• Sender: Please print your name, address, and ZIP+4® in this box*

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
650 ADDISON AVE W, STE 500
TWIN FALLS, ID 83301

RETURN SERVICE REQUESTED

47-17719

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- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

4799A RIVER ROAD LLC
JAY C HORMEL
357 MC CASLIN BLVD STE 200
LOUISVILLE CO 80027-2932



9590 9402 5904 0049 4948 39

2. Article Number (Transfer from service label)

7020 0090 0001 5403 0126

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X B Wolsleben

☒ Agent
☐ Addressee

B. Received by (Printed Name)

B Wolsleben

C. Date of Delivery

2/13/21

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

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- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
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- ☒ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery